

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

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COVER PAGE

Date Stamp

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CITY CLERK
CITY OF LODI

CALIFORNIA
2001/02
FORM

460

Page 1 of 12

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from 01/01/07

through Sept. 30 2007

Date of election if applicable

(Month, Day, Year)

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

☐ Officeholder, Candidate Controlled Committee

☐ State Candidate Election Committee

☐ Recall

(Also Complete Part 5)

☐ General Purpose Committee

☐ Sponsored

☐ Small Contributor Committee

☐ Political Party/Central Committee

☒ Ballot Measure Committee

☒ Primarily Formed

☐ Controlled

☐ Sponsored

(Also Complete Part 6)

☐ Primarily Formed Candidate/

Officeholder Committee

(Also Complete Part 7)

2. Type of Statement:

☒ Preelection Statement

☐ Semi-annual Statement

☐ Termination Statement

☐ Amendment (Explain below)

☐ Quarterly Statement

☐ Special Odd-Year Report

☐ Supplemental Preelection

Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

1267445

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Lodi Citizens for Public Facilities

STREET ADDRESS (NO P.O. BOX)

106 S Orange Ave

CITY

Lodi

STATE

CA

ZIP CODE

95240

AREA CODE/PHONE

(209) 368-1457

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Cindy Griffin

MAILING ADDRESS

783 Palm Ave

CITY

Lodi

STATE

CA

ZIP CODE

95240

AREA CODE/PHONE

(209) 368-8475

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

(209) 367-4654

john@lodiagencies.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____
Date

By Cindy Griffin
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☒ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>01/01/04</u> through <u>09/30/04</u> | CALIFORNIA FORM 460 |
| Page <u>3</u> of <u>12</u> | I.D. NUMBER <u>1267445</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ <u>2,969.99</u> | \$ <u>2,969.99</u> |
| 2. Loans Received | Schedule B, Line 7 | \$ <u>0</u> | \$ <u>0</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ <u>2,969.99</u> | \$ <u>2,969.99</u> |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$ <u>2,969.99</u> | \$ <u>2,969.99</u> |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | | | |
|--|----------------------|--------------------|--------------------|
| 6. Payments Made | Schedule E, Line 4 | \$ <u>2,499.88</u> | \$ <u>2,499.88</u> |
| 7. Loans Made | Schedule H, Line 7 | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ <u>2,499.88</u> | \$ <u>2,499.88</u> |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | \$ <u>3,800.00</u> | \$ <u>3,800.00</u> |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$ <u>6,299.88</u> | \$ <u>6,299.88</u> |

Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | |
|--|---------------|
| Date of Election (mm/dd/yy) | Total to Date |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | | |
|---|---|--------------------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ <u>0</u> |
| 13. Cash Receipts | Column A, Line 3 above | \$ <u>2,969.99</u> |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | \$ <u>0</u> |
| 15. Cash Payments | Column A, Line 8 above | \$ <u>2,499.88</u> |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>470.11</u> |

If this is a termination statement, Line 16 must be zero.

| | | |
|------------------------------------|--------------------|-------------|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | \$ <u>0</u> |
|------------------------------------|--------------------|-------------|

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---------------------------------------|--------------------|
| 18. Cash Equivalents | See instructions on reverse | \$ <u>0</u> |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ <u>3,800.00</u> |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|--|-------------------------------|
| Statement covers period from <u>01/01/04</u> through <u>03/30/04</u> | CALIFORNIA FORM 460 |
| Page <u>4</u> of <u>12</u> | I.D. NUMBER <u>1267445</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lodi Citizens for Public Facilities

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|---|---------------------------------------|
| 7/29/04 | John E Johnson 106 S. Orange Ave Lodi, CA 95240 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Financial Analyst Des. Approver John E Johnson LLC | \$250 ⁰⁰ | | |
| 7/29/04 | John Griffin 783 Palm Ave Lodi, CA 95240 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Swim Coach Lodi City Swim Team | \$250 ⁰⁰ | | |
| 7/29/04 | David J Phillips 220 S. Fairmont Ave Lodi, CA 95240 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Former Phillips Farms | \$100 ⁻ | | |
| 8/01/04 | Math and Kelli Arneiz 133 Mokelumne River Dr. Lodi, CA 95240 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Developer Arneiz Development | \$1,000 ⁻ | | |
| 8/01/04 | Monty and Laurie Merrill 631 S. Hem Lane Lodi, CA 95240 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Physical Therapist Lodi physical Therapy | \$250 ⁰⁰ | | |

SUBTOTAL \$

1,850⁻

Schedule A Summary

1. Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.)

\$ 2,870⁻

2. Amount received this period – unitemized contributions of less than \$100

\$ 99.99

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

TOTAL \$ 2,969.99

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Lodi Citizens for Public Facilities

Statement covers period
 from *01/01/04*
 through *09/30/04*

CALIFORNIA
 FORM **460**

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NAME OF FILER

I.D. NUMBER

1267445

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|----------------|---|---|---|-----------------------------|--|---------------------------------------|
| <i>9/24/04</i> | <i>Ken and Willem Dingeman 306 Bella Vista Dr Lodi CA 95242</i> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Salesman Kelly Moore Paints</i> | <i>\$100-</i> | | |
| <i>9/24/04</i> | <i>John and Sue Ring 334 LaVida Dr Lodi CA 95242</i> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Insurance Sales ABD Insurance Service</i> | <i>\$500-</i> | | |
| <i>9/24/04</i> | <i>Winifred Mitchell 525 W. Sunset Dr Lodi CA 95240</i> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Retired</i> | <i>\$20-</i> | | |
| <i>9/24/04</i> | <i>Russ and Kathryn Manson 1530 Edgewood Dr. Lodi CA 95240</i> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Wine at Russ Restaurant Owner</i> | <i>\$100-</i> | | |
| <i>9/24/04</i> | <i>Ron and Susan Williamson 1723 Windjammer Ct Lodi CA 95242</i> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Retired</i> | <i>\$100-</i> | | |
| SUBTOTALS | | | | <i>\$820-</i> | | |

*Contributor Codes

IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
 from 01/01/04
 through 03/30/04

CALIFORNIA
FORM 460

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Lodi Citizens for Public Facilities
 NAME OF FILER

I.D. NUMBER

1262445

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------------|---|--|
| 9/24/04 | Schaffir Success and Buyd Inc P.O. Box 667 Lodi CA 95241 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Broker | \$100- | | |
| 9/24/04 | Kennith Sasaki 2433 N. Kennedick Rd Alhambra CA 95220 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Former Lodi Export | \$100- | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | \$200- | | |

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>01/01/04</u> through <u>08/30/04</u> | | CALIFORNIA FORM 460 |
| Page <u> </u> of <u>12</u> | | |
| NAME OF FILER | | I.D. NUMBER |

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------------|---|--|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | | | |

***Contributor Codes**

IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period

from 01/01/04

through 03/30/04

CALIFORNIA
FORM

460

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I.D. NUMBER

1067445

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Local Citizens For Public Facilities

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| OMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| Best Best and Krueger LLP 3750 University Ave Riverside CA 92502 | PRO | | 1,000 |
| Best Best and Krueger LLP 3750 University Ave Riverside CA 92502 | PRO | | 500 |
| Kinkas 1061 W. March Lane Stockton CA 95207 | LIT | | 4640 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,546.60

Schedule E Summary

| | |
|--|-------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ 2,499.88 |
| 2. Unitemized payments made this period of under \$100 | \$ 0 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3: Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 2,499.88 |

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--|--|---|
| Statement covers period from <u>01/01/04</u> through <u>09/30/04</u> | | CALIFORNIA FORM 460 |
| Page <u>10</u> of <u>12</u> | | |
| NAME OF FILER <u>Lodi Citizens for Public Facilities</u> | | I.D. NUMBER <u>1267445</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Lodi News Sentinel P.O. Box 1360 Lodi CA 95041 | FIL | Notice of Intent | 97.75 |
| Bellows Tomorrow 705 Industrial Drive West Branch IA 52358 | emp | Bellows to giveaway | 220.50 |
| US Postmaster Woodbridge, California 952589998 | pos | | 13.65 |
| Staples 2415 West Kettleman Lane Lodi CA 95242 | emp | Staples to promote | 96.98 |
| Bank of Lodi P.O. Box 3009 Lodi CA 95241 | PRO | monthly fee | 8.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 437.18

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | |
|--|--|
| Statement covers period from <u>01/01/09</u> through _____ | CALIFORNIA FORM 460 Page <u>11</u> of <u>12</u> I.D. NUMBER <u>1267445</u> |
|--|--|

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Lodi Citizens for Public Facilities

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| Bank of Lodi P.O. Box 3009 Lodi, CA 95241 | PRO | Buy checks | \$16.10 |
| Best Best and Krieger LLP 3750 University Ave Riverside CA 92502 | PRO | | \$500- |
| | | | |
| | | | |
| | | | |
| | | | |